



Licensure Bureau

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

March 2018

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	C R	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western MT	Missoula	Establish Home Health Services in Lake County	N/A	6/27/17	July 2017	N	11/8/17	11/8/17	1/31/18	3/7/18	3/7/18 Y	
Big Horn County Ambulance	Hardin	Establish home health services in Big Horn County	\$62,200	3/9/18								

Name of facility in **BOLD** indicates a new request for report month. * First-year operating cost HHA (may not be strictly comparable).

LEGEND

ASC Ambulatory Surgical Center	DEC Decision	IHS Indian Health Service	N/A Not Applicable	SNF Skilled Nursing Facility
CDU Chemical Dependency Unit	DISMISS Appeal dismissed	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
CO County	FAC Facility	LTC Long-Term Care	NR Non-Reviewable Project	TBI Traumatic Brain Injury
CR Comparative Review	H Hospital	MTH Month of Notice	REQ Request	Y Approval or Yes
DATES Month/Day/Year	HHA Home Health Agency	N Disapproval or No	REC REQ Reconsideration Hearing of Decision	10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)